

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**

For use by candidates and new employees

Period covered: January 1, 2009 - June 7, 2010

**JUN 08 2010**

LEGISLATIVE RESOURCE CENTER

2010 JUN 16 PM 12:43

Name: MATTHEW S. CAMPBELL

Daytime Telephone: \_\_\_\_\_

*cc*

U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer  
Status



Candidate for the  
House of Representatives

State: Iowa  
District: 5th

Date of  
Election: June 8, 2010 Primary

Check if  
Amendment



**A \$200 penalty shall be assessed  
against anybody who files more  
than 30 days late.**



New officer or  
employee

Employing Office: \_\_\_\_\_

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  
If yes, complete and attach Schedule I.

Yes ☒ No ☐

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  
If yes, complete and attach Schedule IV.

Yes ☐ No ☒

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  
If yes, complete and attach Schedule II.

Yes ☒ No ☐

V. Did you have any reportable agreement or arrangement with an outside entity?  
If yes, complete and attach Schedule V.

Yes ☒ No ☐

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
If yes, complete and attach Schedule III.

Yes ☒ No ☐

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  
If yes, complete and attach Schedule VI.

Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes ☐ No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes ☐ No ☒



Name Matthew S. Campbell

Page 4 of 4

Date	Parties To	Terms of Agreement
1/1/2001	KPMG + Matthew Campbell	Pension

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**

[illegible]